

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 OCT 14 PM 12:11

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Brian Lauterbach

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Brian Lauterbach

Political Party (if applicable)
Republican

Office Sought
Supervisor

District (if Senate or House)

FORM
DR-2
(Rev. 12/2009) **DISCLOSURE**
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

John Prochaska
SIGNATURE OF PERSON FILING REPORT

641-648-3761
TELEPHONE

10-14-10
DATE SIGNED

I AM FILING A County Candidate Report Due October 19th REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED 10-6-10

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-2-10

County & Local Committees, enter County in which Election is held
Hardin

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 259.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

770.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1,029.47

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

528.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 501.47

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 1,200.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Brian Lauterbach

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-12-10	ID# CK#	Paul A & Linda D Bartlett 3031 River Rd Iowa Falls IA 50126	NA	\$25.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Lois M Daum 15325 Hwy D41 Alden IA 50006	NA	25.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Daniel L Stockdale PO Box 786 Iowa Falls IA 50126	NA	100.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Kent & Lori Krause 2216 Beaver Ave Iowa Falls IA 50126	NA	50.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Eleanor & Evelyn Schiller PO Box 73 Alden IA 50006	NA	50.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Steve & Linda Hunt 811 Alden St Alden IA 50006	NA	100.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Scott & Deana Krogh 715 Dale Dr Iowa Falls IA 50126	NA	50.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Unitemized Contribution	NA	10.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Lorraine Hansen 1311 Bluff St Alden IA 50006	Mother in law	75.00	<input checked="" type="checkbox"/>
10-12-10	ID# CK#	Lyle & Barbara Jass 10392 H Ave Alden IA 50006	NA	25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 510.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Brian Lauterbach

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-14-10	ID# CK#	Richard & Betty Liekweg 711 College Iowa Falls IA 50126	NA	\$25.00	<input checked="" type="checkbox"/>
10-14-10	ID# CK#	Jay & Bonnie Jaeger 201 Main Ave Alden IA 50006	NA	25.00	<input checked="" type="checkbox"/>
10-14-10	ID# CK#	Unitemized Contribution	NA	20.00	<input checked="" type="checkbox"/>
10-14-10	ID# CK#	Marion Gehrke 11689 Hwy D20 Alden IA 50006	NA	25.00	<input checked="" type="checkbox"/>
10-14-10	ID# CK#	Unitemized Contribution	NA	20.00	<input checked="" type="checkbox"/>
10-14-10	ID# CK#	Brian & Amber Perkins 2508 Sunset Dr Iowa Falls IA 50126	NA	25.00	<input checked="" type="checkbox"/>
10-14-10	ID# CK#	Unitemized Contribution	NA	20.00	<input checked="" type="checkbox"/>
10-14-10	ID# CK#	Clark E McNeal PO Box 634 Iowa Falls IA 50126	NA	100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 260.00	
TOTAL (If last page of this schedule)				\$ 770.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Brian Lauterbach

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-6-10	ID# 18638 CK# 1004	US Postmaster 401 Main St Iowa Falls IA 50126	500 postage stamps @ .44	\$ 220.00
10-12-10	ID# 18638 CK# 1005	US Postmaster 401 Main St Iowa Falls IA 50126	600 postage stamps @ .44	264.00
10-13-10	ID# 18638 CK# 1006	US Postmaster 401 Main St Iowa Falls IA 50126	100 postage stamps @ .44	44.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 528.00
TOTAL (If last page of this schedule)				\$ 528.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(j).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Brian Lauterbach

RESET

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1200.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0.00

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1200.00

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